

HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, PACIFIC TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809

TEL.: 587-0460 FAX: 587-0470





JAR -2 A9 54 LOBBYIST REGISTRATION FORM (See back of this form for instructions) (Type or Print Clearly) PART I LOBBYIST NAME(Last) (First) (Middle) TELEPHONE ATWATER WILLIAM *5*25-7738 MAILING ADDRESS (Street) (City) (State) (Zip Code) P. O. BOX 3200 HONOLULU HAWAII 96847 EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) TELEPHONE **MAILING ADDRESS** (Street) (City) (State) (Zip Code) **ORGANIZATION** NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) TELEPHONE FIRST HAWAIIAN BANK 525-7000 MAILING ADDRESS (Street) (City) (State) (Zip Code) P. O. BOX 3200 HONOLULU HAWAII 96847 NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT TELEPHONE CORBETT A. K. KALAMA 525-7732 **MAILING ADDRESS** (Street) (City) (State) (Zip Code) P. O. BOX 3200 HONOLULU HAWAII 96847 **PART III** DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY ____ Agriculture Education Human Services Science, Technology & Economic Development Communications & Public Utilities Government Operations & Intergovernmental Relations, Tourism & Recreation International Affairs Consumer Protection & Hawaiian Affairs Labor & Employment Transportaion Commerce Culture, Arts, Historic Preservation Planning, Land & Water Use Management □ Health Other: (indicate below) Ecology, Energy, Environmental Protection Public Safety & Corrections Housing **PART IV CERTIFICATION OF LOBBYIST** I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete. M (Signature of Lobbyist) (Date) **AUTHORIZATION TO LOBBY PART V** TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED NAME LILY K. YAO VICE CHAIRMAN TELEPHONE NAME OF ORGANIZATION (if applicable) 525-77-66 FIRST HAWAIIAN BANK

> (City) HONOLULU

named person to engage in lobbying activities on behalf of the undersigned.

(Signature of Authorizing Officer or Person Represented)

LREG 01/96

MAILING ADDRESS

P. O. BOX 3200

(Street)

I hereby authorize the above

23/02 (Date)

(State)

IIAWAH

(Zip Code)

96847